



SOUTH DAKOTA BOARD OF NURSING  
SOUTH DAKOTA DEPARTMENT OF HEALTH  
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS SD 57106-3115  
(605) 362-2760 ♦ FAX: 362-2768 ♦ www.state.sd.us/doh/nursing

## CRIMINAL BACKGROUND CHECK INSTRUCTIONS

Pursuant to SDCL 36-9-97, ARSD 20:48:03:01:01, ARSD 20:48:05:01, ARSD 20:48:03:01, ARSD 20:48:03:07, & ARSD 20:48:03:08, each applicant for initial nurse licensure in South Dakota is required to submit a full set of fingerprints for purposes of obtaining state and federal criminal background checks.

**Enclosed are the fingerprint cards that you must use; specific agency data are pre-printed on them.  
No other fingerprint cards will be accepted.**

1. Contact your local law enforcement agency for fingerprinting. Your local law enforcement agency may charge a fee for the fingerprinting service; some agencies will accept only cash in payment of this fee.
2. Complete and sign the "Authorization and Release" on the back of the DCI card.
3. Do not complete the front of the DCI card and FBI card at the fingerprinting agency until **after** the fingerprinting process is completed:

APPLICANT		TYPE OR PRINT ALL INFORMATION IN BLACK		Please Fill In Authorization Form on Back.	
LAST NAME FIRST NAME MIDDLE NAME		LAST NAME FIRST NAME MIDDLE NAME		DATE OF BIRTH	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES		SD Div. Criminal Inv. George S. Mickelson Bldg. 1302 E Hwy 14 Ste 5 Pierre, SD 57501-6505	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP		DATE OF BIRTH	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		SEX RACE ETHNICITY EYES HAIR PLACE OF BIRTH	
EMPLOYER AND ADDRESS		ARMED FORCES NO.		CLASS	
REASON FINGERPRINTED		SOCIAL SECURITY NO.		REF	
MISCELLANEOUS		MISCELLANEOUS		MISCELLANEOUS	

For "REASON FINGERPRINTED" write:  
**Exam** if you will be licensed based on NCLEX® Results;  
**Endorsement** if you will be licensed based on licensure elsewhere; or  
**Other** if appropriate.

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY L. THUMB R. THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**AUTHORIZATION AND RELEASE**

I, your name, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to **South Dakota Board of Nursing** any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "nonpublic" under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to **South Dakota Board of Nursing**, I, your name on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this date day of month, 20 yr, at time of day am/pm

Witness: signature of witness

Witness: second witness (optional)

your signature  
(SIGNATURE REQUIRED)

Mail Response To: **South Dakota Board of Nursing**  
4305 South Louise Avenue Suite 201  
Sioux Falls SD 57106-3115

Send to the South Dakota Board of Nursing office both of your completed fingerprint cards and a separate check or money order for \$43.25 made payable to: **South Dakota Division of Criminal Investigation (DCI)**.

- Do not combine this \$43.25 payment to DCI with any other fee or payment.
- Do not mail your fingerprint cards directly to DCI; the cards must be mailed to SD Board of Nursing.
- Any fingerprint card that arrives at the Board of Nursing office bent, folded, tampered with, stained, smeared, or stapled will be rejected. If rejected, you will be notified to resubmit your card(s).

**Temporary Permit:** You may be issued a Temporary Permit once a completed Temporary Permit application and the completed fingerprint cards have been accepted by the Board office. For a Temporary Permit, you are not required to wait for results of criminal background checks to be received in the Board office.

**Nurse Licensure:** You will not be issued a South Dakota nursing license until acceptable results of the criminal background checks are received in the Board office from the Federal Bureau of Investigation (FBI). Normally, it will take approximately 1-2 weeks for the Board to receive those results from the FBI.

**Correcting FBI Record:** If you wish to correct a record as it appears on the FBI's CJIS Division Records System, be advised that the procedures to change, correct, or update the record are set forth in Title 28, CFR, Section 16.34.